

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	A. BOONE		8-09-01
O.I.P.E. CLASSIFIER			09-06-01
FORMALITY REVIEW	CB	535	
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
Final Original	
1	12/5
2	12/7
3	12/09
4	✓
5	✓
6	✓
7	÷ N
8	÷ N
9	÷ N
10	÷ N
11	÷ N
12	÷ N
13	✓
14	✓
15	✓
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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